

Department of Homeland Security
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 08 CR 63	
DEFENDANT JOSE DOMINGO-CASTRO and BORIS CHINCHILLA-LINARES		TYPE OF PROCESS PUBLICATION/ PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize FUNDS IN THE AMOUNT OF \$1,200 c/o Department of Homeland Security, Bureau of Customs and Border Protection, Fines, Penalties, and Forfeitures Unit		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 610 SOUTH CANAL STREET, CHICAGO, ILLINOIS 60607		
Send NOTICE OF SERVICE copy to Requester: PATRICK J. FITZGERALD, UNITED STATES ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY 219 SOUTH DEARBORN STREET, 5TH FLOOR, CHICAGO, ILLINOIS 60604 ATTN: GREG J. DEIS, AUSA		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) PERSONAL SERVICE IS REQUIRED.			
Signature of Attorney or other Originator requesting service on behalf of MARSHA McCLELLAN, AUSA		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (312)353-5300 Date 6/20/08
SIGNATURE OF PERSON ACCEPTING PROCESS: <i>Robert W. Hume</i>			Date 6/20/08
SPACE BELOW FOR USE OF HOMELAND SECURITY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED AGENCY OFFICER: _____ Date _____
I hereby Certify and Return That I <input checked="" type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service 6/20/08	Time of Service <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Signature, Title and Agency <i>Gregory J. Hendrick, Principal / CBT</i>	
REMARKS: <div align="right">Prepared by M. Watson</div>			